

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

American Nurses Association PAC

ADDRESS (number and street)

8515 Georgia Avenue

Suite 400

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00017525

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Thomas Coe

Signature of Treasurer

Dr. Thomas Coe

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		184795.53
(b) Cash on Hand at Beginning of Reporting Period.....	150580.89	
(c) Total Receipts (from Line 19)	56506.50	84540.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	207087.39	269336.14
7. Total Disbursements (from Line 31)	14428.39	76677.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	192659.00	192659.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2016

To:

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12908.08

21408.08

(ii) Unitemized

43598.42

63132.53

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

56506.50

84540.61

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

56506.50

84540.61

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

56506.50

84540.61

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

56506.50

84540.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14490.39	75990.39
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	-62.00	686.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-62.00	686.75
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14428.39	76677.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14428.39	76677.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	56506.50	84540.61
34. Total Contribution Refunds (from Line 28(d))	-62.00	686.75
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56568.50	83853.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Cynthia Reno Balkstra

Mailing Address 31 Highview Ln

City

Dahlonega

State

GA

Zip Code

30533-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pruitthealth Hospice

Occupation

CASE MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2016
Transaction ID : AAE370C3023F34DBEABF

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DIANA L BIORDI

Mailing Address 509 White Birch Ct.

City

Pittsburgh

State

PA

Zip Code

15238-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University Capstone CON

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016
Transaction ID : A42EE872B0BF1461F8A6

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Michael R. Bleich

Mailing Address 2702 Wynncrest Manor Dr

City

Chesterfield

State

MO

Zip Code

63005-6700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Kansas Hosp

Occupation

Maxine Clark and Bob Fox Dean and Prof

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2016
Transaction ID : A73AC2ADC46A343909ED

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA A. BOSTON

Mailing Address 60 Hills Beach Rd

City

Biddeford

State

ME

Zip Code

04005-9530

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Consultant HSM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	6

Transaction ID : AEC29296D127840F8B8F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Michael A. Carter

Mailing Address 369 Belmont Acres Cir

City

Tumbling Shoals

State

AR

Zip Code

72581-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tampa

Occupation

Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	6

Transaction ID : A6AA68F12A379417EBCD

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Thomas Coe

Mailing Address 4074 Osco Williams Rd

City

Pall Mall

State

TN

Zip Code

38577-4064

FEC ID number of contributing
federal political committee.

C

Name of Employer

William US Army Beaumont Medical Ctr

Occupation

Transition Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

Transaction ID : A7439199BF0C1419F97E

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lise Cooper

Mailing Address 5 Brown Thrasher

City

Hackettstown

State

NJ

Zip Code

07840-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Health Morristown Memorial Ho

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 08 / 2016

Transaction ID : ADA1D0B3D7F0A4DD7BB

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Karen Daley

Mailing Address PO Box 101

City

Cotuit

State

MA

Zip Code

02635-0101

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Nurses Assn

Occupation

President - American Nurses Associatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2016

Transaction ID : A0FD94E9981FC40DBB02

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Dr. Elizabeth O. Dietz

Mailing Address 2054 Folle Blanche Dr

City

San Jose

State

CA

Zip Code

95135-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PA

Occupation

Lead Faculty Chairperson

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 31 / 2016

Transaction ID : ABED29306935144AB85C

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Travis L. Elmore

Mailing Address 4821 N Drew St

City

Portland

State

OR

Zip Code

97203-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wsna Nurses On Staff

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	6

Transaction ID : A596B5C55C0B24406B42

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Bonnie L. Faherty

Mailing Address 18175 Andrea Cir N. Unit 4

City

Northridge

State

CA

Zip Code

91325-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Csun

Occupation

Professor Emerita

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	6

Transaction ID : AD6673E134EC0488DA29

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TERESA M Gomez

Mailing Address 516 Brochardt Blvd

City

Knoxville

State

TN

Zip Code

37934-0861

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONVENANT HEALTH

Occupation

Nurse Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	6

Transaction ID : A5021D999D4384A27BA7

Amount of Each Receipt this Period

240.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

740.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. CARYL Goodyear-Bruch

Mailing Address 3024 S. Viking Ct

City

Independence

State

MO

Zip Code

64057-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : A8F07E628402C4CF0B75

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Irmatrude Grant

Mailing Address 280 E 45th St

City

Brooklyn

State

NY

Zip Code

11203-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer

East New York

Occupation

Coordinator, Pediatric

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : AE274A1E930C24037A0A

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOLA F. HOUSTON

Mailing Address 6652 Waterford Pl

City

Owensboro

State

KY

Zip Code

42303-9235

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Hancock Clinic

Occupation

ARNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : A6152EF9485F14E3E90D

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jeanette F. Kissinger

Mailing Address 2312 Rocky Point Pkwy

City	State	Zip Code
Henrico	VA	23238-3642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cross Over Health Care Ministry

Occupation

Professor Emeritus C-ANP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Transaction ID : AC9EAD7FC33D1456FBCF

Amount of Each Receipt this Period

200.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angela B McBride

Mailing Address 744 Cherokee Ave

City	State	Zip Code
Lafayette	IN	47905-1872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2016

Transaction ID : A67A8DBD8A5F3424FAE6

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joan McLean

Mailing Address 715 E 2nd St

City	State	Zip Code
Hope	AR	71801-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Park

Occupation

Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

Transaction ID : A4E07307C5765461F976

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

700.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 21

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Lexa J. Most

Mailing Address 1161 Chapman St

City

San Jose

State

CA

Zip Code

95126-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer

O'connor Hospital

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : A1CAB3EAA3BF74815973

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert V. Piemonte

Mailing Address 76 W 86th St Apt 2a

City

New York

State

NY

Zip Code

10024-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYSNA

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2016

Transaction ID : A3E5388AB78A14BFFB00

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Donna M. Policastro

Mailing Address 293 Whitford Ave

City

Providence

State

RI

Zip Code

02908-3354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ana-ri

Occupation

Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

Transaction ID : A2A370E32025C4F17ACC

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. DONNA L. POOLE

Mailing Address 816 Madison Ave N

City

Bainbridge Island

State

WA

Zip Code

98110-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kitsap Mental Health Services

Occupation

Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	6

Transaction ID : AE3BF8D6E7D194D78A3C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol A. Roe

Mailing Address 943 Beverly Rd

City

Cleveland Heights

State

OH

Zip Code

44121-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTERS FOR DIALYSIS CARE

Occupation

Public Affairs Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	6

Transaction ID : A7891A508C0A745AA818

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan E. Shapiro

Mailing Address 565 Peachtree St NE

City

Atlanta

State

GA

Zip Code

30308-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consultant in Emergency Care

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	6

Transaction ID : AAEB933E7C5D6481D9D4

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Susan A. Shively

Mailing Address 1700 Old Lebanon Rd

City

Campbellsville

State

KY

Zip Code

42718-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central KY Surgical Services

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

03 / 11 / 2016

Transaction ID : A83506E141DDA4FAAB8C

Amount of Each Receipt this Period

203.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Kelly Straight

Mailing Address 255 S Bayview Ave

City

Sunnyvale

State

CA

Zip Code

94086-6290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hosital

Occupation

Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 08 / 2016

Transaction ID : A2C2FB865E7DC4312A9C

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Diana K Sullivan

Mailing Address 655 Covered Bridge Rd

City

Greenwood

State

IN

Zip Code

46142-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University

Occupation

Clinical Lecturer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 24 / 2016

Transaction ID : A4AD6FE64573B4A4BA9D

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1003.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Julia H. Tortorice

Mailing Address 388 SW Quail Heights Ter

City	State	Zip Code
Lake City	FL	32025-1443

FEC ID number of contributing federal political committee.

C

Name of Employer

Ceufast.com

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

Transaction ID : A8FE6996BF379413DBBC

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia T. Trotter Betts

Mailing Address 425 5th Ave N

City	State	Zip Code
Nashville	TN	37243-3400

FEC ID number of contributing federal political committee.

C

Name of Employer

TN Dept of Mental Health & Devel Disab

Occupation

Commission of Mental Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2016

Transaction ID : AAB80EE66F9844BF5

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Irene Trowell-Harris

Mailing Address 2582 S. Arlington Mill Dr Apt G

City	State	Zip Code
Arlington	VA	22206-4046

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED RN

Occupation

Retired RN & USAF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : AE34DCC2159284DD39BB

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA VANMAANEN

Mailing Address 4914 E Aire Libre Ave

City

Scottsdale

State

AZ

Zip Code

85254-9638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pv Health Solutions

Occupation

Health Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 29 / 2016

Transaction ID : A7F5FF5A87CAA4D35A67

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Linda G. Walker

Mailing Address 6035 NE Deer Ln

City

Newport

State

OR

Zip Code

97365-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer

PCH-Pacific Communities Hospital

Occupation

Other

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 31 / 2016

Transaction ID : A61800C64BE434022A39

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marla J. Weston

Mailing Address 1126 25th St NW Apt 4

City

Washington

State

DC

Zip Code

20037-1464

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Nurses Assn

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 04 / 2016

Transaction ID : AF2C0FE36D43C4299BFD

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 21

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Deanna Wood

Mailing Address 11965 SW Settler Way

City

Beaverton

State

OR

Zip Code

97008-7921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Primrose OB/GYN

Occupation

Regional Nurse Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	6		

Transaction ID : A79EC75D4619649B19DE

Amount of Each Receipt this Period

240.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

240.00

12908.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Abracadabra Printing

Mailing Address 6250 Stanley Ave S

City
SeattleState
WAZip Code
98108-2812Purpose of Disbursement
IN-KIND Printing Expense

Candidate Name

Hillary Rodham Clinton

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : B4BB85C5B196C4582B66

Amount of Each Disbursement this Period

2277.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALMA ADAMS FOR CONGRESS

Mailing Address P.O. BOX 20622

City
GREENSBOROState
NCZip Code
27420Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Rep. Alma S. Adams

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : BF9940F49F3984A508F1

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Conyers for Congress

Mailing Address 5 Rosecraft Drive

City
FredericksburgState
VAZip Code
22407-2345Purpose of Disbursement
Political Contribution

Candidate Name

Rep. John Conyers Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2016

Transaction ID : B51CAD3917012432B993

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2277.89

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. EQUALITY PAC

Mailing Address PO BOX 15337

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : B123FE78307FF49E5BC8

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City
ClevelandState
OHZip Code
44143-3710Purpose of Disbursement
Political Contribution

Candidate Name

David P JoyceOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : B67B92B34B3C14A43A58

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City
ClevelandState
OHZip Code
44143-3710Purpose of Disbursement
Political Contribution

Candidate Name

David P JoyceOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : B6D34A9093B4B4608858

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MICHELLE

Mailing Address P.O. BOX 25422

City
AlbuquerqueState
NMZip Code
87125-0422Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Michelle Lujan GrishamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : B92DAA44D4E6B427E98D

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City
New YorkState
NYZip Code
10016-6823Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Charles E. SchumerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : B03EA9681DFAD421EB0C

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NORMA TORRES FOR CONGRESS

Mailing Address 728 W EDNA PLACE

City
CovinaState
CAZip Code
91722-3222Purpose of Disbursement
Political Contribution

Candidate Name

Norma TorresOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : B705E03799722488D838

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Rings-Leighton LtdMailing Address 1440 N Street NW
Suite A-1

City Washington State DC Zip Code 20005-2817

Purpose of Disbursement
IN-KIND Graphic Design

Candidate Name

Hillary Rodham Clinton

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Transaction ID : B5F5B4320AE4246A1A95

Amount of Each Disbursement this Period

1212.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SANFORD BISHOP FOR CONGRESS

Mailing Address PO Box 909

City Columbus State GA Zip Code 31902-0909

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Rep. Sanford D. Bishop Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : B3E1A465EEABC4D72AE1

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tiberi for Congress

Mailing Address 217 3rd St SE

City Washington State DC Zip Code 20003-1904

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Pat J. Tiberi

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2016

Transaction ID : BD9F56447472B418684C

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1712.50

14490.39
